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has been licentious in his habits before marriage is more likely to bring ruin than happiness to his daughter, and that the habits and sexual health of his prospective son-in-law are quite as important to consider as his financial and social position. The men who are responsible for the introduction of venereal diseases into marriage and the consequent wreckage of the lives of innocent wives and children are not, as a rule, the confirmed debauchee, but, for the most part, men who have presented a fair exterior of correct and regular living—often men of good business and social position—not infrequently what are considered the “good catches” of society. Marriage should not be permitted until at least one year has passed during which no symptoms of syphilis have appeared.

(To be continued)

THE SLIDING SCALE OF CHARGES FOR PRIVATE NURSES

By SARA E. PARSONS, R.N.

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Is it not time for the nurses to consider whether it is necessary or desirable to accept the situation that at present exists, of allowing the fee received at the beginning of their careers to mark their maximum achievement?

Logically the charge for a nurse's services would vary according to the length of time she has spent in preparation for her work, the prestige of the school from which she is graduated, the demand there is for her services, and the financial circumstances of the people among whom she works. As a matter of fact, however, the charges are so nearly “fixed” that we find all sorts and conditions of nurses asking the maximum price of the locality in which she practises.

It seems manifestly illogical that the clever, well-trained woman, who is employed by the famous practitioner for his critical cases, should be receiving the same compensation as the new, untried graduate, and no more than she received herself in the years of her crudity as a private nurse. After having done private work long enough to have acquired adaptability and confidence in meeting the varied situations that she must work in, isn't the nurse worth more to her patients and the doctor than when she first left the hospital? If she is, why should she not

increase her charges proportionately? Is it because her patients cannot afford to pay more? Not usually. The trained nurse is generally employed by wealthy people who pay what they must for the best of everything, from doctors to tailors. Is it because the doctors would criticise such an innovation? Sometimes, perhaps, but not always. There are doctors who have told nurses in certain instances to increase their charges, and others who do not understand why nurses do not always do so when they are employed by people who are obviously able to pay.

Is it because the nurse lacks initiative, or because she has not sufficient confidence to increase her rates, fearing criticism or loss of employment? In most instances the last reason is probably the correct one. How then is the private nurse who is ambitious to demonstrate her professional success to do so in a material way? Only by perfecting her art in every possible manner, so that as time goes on the doctors and patients will be willing to pay her increased rates rather than dispense with her services. When the time comes that the particularly successful nurse is expected to increase her rates in proportion to her experience, the new graduate will have a natural stimulus to exert every power to improve her technic, her mental and social resources, and to take time for post-graduate work in order to stand always ahead of the rank and file. Then will the new graduate look with admiration at the successful woman who has been in the field ten years and more, and will think of her as one whose example it is desirable to emulate. There will be many who, feeling that the nurse's services are a necessity, and that her prices are already prohibitive to the large class of people in moderate circumstances, will protest a suggestion of increasing rates for private nurses. They will fear that the new graduate and the mediocre nurse will also increase their rates and that it will be impossible for any but the very rich to secure the services of a trained nurse.

It is pretty obvious that only a minority will have the ability and ambition to distinguish themselves in the field of private nursing. As with the medical profession, the rank and file will have the ordinary system of fees.

As to the question of trained nursing for people of moderate means, that is another problem, and there is a great variety of opinion as to whether it is as serious a problem as some people think. It is also a question whether it is a problem that nurses must themselves solve, or whether the enormous class of people in moderate circumstances will not take that responsibility on their own shoulders. If they do feel it seriously, they should do so. Hospital care and sick relief societies

may do a great deal with the co-operation of many medical and nursing individuals who are charitably inclined and glad to help out in cases of real need.

We are all beginning to realize that there is a real need of well-trained attendants, and when the need is sufficiently urgent, we shall set about some plan for furnishing these attendants.

NURSING IN NERVOUS DISEASES

FOURTH PAPER

THE OBSERVATION, DIFFERENTIATION, AND IMMEDIATE TREATMENT OF "FITS"

By J. FOSTER KENNEDY, M.D.

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THREE definite varieties of convulsive seizures will come under a nurse's observation. In a great many instances the duration of these attacks will be brief, she alone will have the opportunity of seeing all the stages of the attacks, and on her evidence alone a diagnosis may have to be based. Speaking broadly, one may divide the convulsive seizures of adults into three distinct groups: major epilepsy, in which no gross brain lesion can be found; focal or Jacksonian epilepsy, produced by localized irritation of part of the cerebral cortex; and the great group of the so-called functional fits, especially those in which well-marked motor phenomena predominate. We shall consider first the characteristics of a major epileptic seizure and contrast these with those of functional and hysterical attacks.

Major Epilepsy.—For purposes of description, the phenomena may be divided into four stages: (1) The warning or aura; (2) the tonic stage; (3) the clonic stage or stage of convulsions, and (4) the period of recovery.

1. The warning or aura: About 50 per cent. of epileptics are aware of the impending onset of an attack for a varying number of seconds before consciousness be lost. The warning or "aura" is any sensation which occurs during the retention of consciousness, which is of almost momentary duration, and which is immediately followed by the onset of tonic or convulsions. These warnings vary greatly, though they are